

FILED

04 JAN -5 AM 10:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA**2008 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000102481

1. Entity Name
LMF, INC.Principal Place of Business
15121 SW 45TH TERR.
MIAMI, FL 33185Mailing Address
15121 SW 45TH TERR.
MIAMI, FL 33185400026018844
01/05/04--01059--007 **61.25

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1148682

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRASCARELLI, JONATHAN
15121 SW 45TH TERR.
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FRASCARELLI, JONATHAN FRASCARELLI 2/20/03

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

(NOTE: Registered Agent's signature required when necessary)

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

D
NAME FRASCARELLI, JONATHAN
STREET ADDRESS 15121 SW 45TH TERR.
CITY-ST-ZIP MIAMI, FL 33185 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D
NAME MARTA FRASCARELLI
STREET ADDRESS 15121 SW 45TH TERR
CITY-ST-ZIP MIAMI, FL 33185 ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the provider of trustee information; that I am not a director, officer, or provider of trustee information; and that my name appears in Block 10 or Block 11 if changed, or on the statement with an address, with all other time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/03

Date

Daytime Phone #

CR2034 (10/02)